## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying			
26345	7590 02/1	4/2008	par	ers, Each adomona	d paper, such as an assignme of mailing or transmission.	ent or formal drawing mass	
GIBBONS P.C. ONE GATEWAY CENTER NEWARK, NJ 07102				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
				·		(Depositor's name)	
			<u> </u> _			(Signature)	
<del></del>				<u> </u>	<u> </u>	(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/557,539 11/21/2005 Martin Eberle 104610-55275(22009) 2151 TITLE OF INVENTION: FURAZANOBENZIMIDAZOLES						2151	
APPLN. TYPE							
<u> </u>	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$720	\$300	\$0 1	\$1020	05/14/2008	
EXAMINER STOCKTON, LAURA LYNNE		ART UNIT	CLASS-SUBCLASS 548-125000				
1. Change of correspondence address or indication of "Fee Address" (3 CFR 1.363).			2. For printing on the p	atent front page list			
"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.  3. ASSIGNEE NAME A	ND RESIDENCE DATA ess an assignee is identi i in 37 CFR 3.11. Comp	Indication form ed. Use of a Customer TO BE PRINTED ON The field below, no assigned letton of this form is NOT	(1) the names of up to or agents OR, alternative (2) the name of a single registered attorney or at 2 registered patent attor listed, no name will be THE PATIENT (print or type data will appear on the patent of t	rely,  firm (having as a gent) and the name neys or agents. If normaled,  e)  tent. If an assignerasignment,	member a 2s of up to o name is 3	ocument has been filed for	
(B) RESIDENCE: (CITY and STATE OR COUNTRY)  Basilea Pharmaceutica AG  Basel, Switzerland  Please check the appropriate assignee category or categories (will not be printed on the patent):  Undividual Corporation or other private group entity  Government							
4a. The following fee(s) are submitted:  Strain Fee Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  5. Change in Entity Status (from status indicated above)			4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (13-32-34) (enclose an extra copy of this form).				
a. Applicant claims	SMALL ENTITY status Publication Fee (if requi	. See 37 CFR 1.27.	From manager and all all	er claiming SMALL	ENTITY status. See 37 CF	R 1.27(g)(2).	
Authorized Signature IRHSWOPE			Date <u>Apr. 123, 2008</u> Registration No. 24,864				
Typed or printed name	<u>r Hain :</u>	swipe_		Registration No.			
This collection of informat an application. Confidentia submitting the completed this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 2231	tion is required by 37 CF ality is governed by 35 L application form to the L ms for reducing this burd ginia 22313-1450. DO 2 3-1450.	R 1.311. The information LS.C. 122 and 37 CFR 1. JSPTO. Time will vary d en, should be sent to the NOT SEND FEES OR CO	is required to obtain or ret 14. This collection is estin lepending upon the individ Chief Information Officer, OMPLETED FORMS TO	ain a benefit by the nated to take 12 min ual case. Any comm U.S. Patent and Th FIHS ADDRESS, S	public which is to file (and inutes to complete, including ments on the amount of time ademark Office, U.S. Departies TO: Commissioner for	by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O. or Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.